



EXHIBIT B

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM		 YOUR CLAIM IS SCHEDULED AS Schedule/Claim ID s270 Amount/Classification \$282 750 00 Unsecured REC'D SEP 25 2006	
Name of Debtor USA Commercial Mortgage Company		Case Number 06-10725-LBR			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.		The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed. If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again. THIS SPACE IS FOR COURT USE ONLY
Name of Creditor and Address  11321240004055 DEVELOPERS CAPITAL FUNDING CORP 4500 S LAKESHORE DR STE 322 TEMPE, AZ 85282 7190 480-831-2666					
Creditor Telephone Number ()					
Last four digits of account or other number by which creditor identifies debtor TAXI 0 75-3155057			Check here <input type="checkbox"/> replaces a previously filed claim dated _____ if this claim <input type="checkbox"/> or amends		
1 BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries, and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances) <input type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) _____ Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)					
2 DATE DEBT WAS INCURRED <u>3-16-06</u> 3 IF COURT JUDGMENT, DATE OBTAINED _____					
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.					
UNSECURED NONPRIORITY CLAIM \$ 282,750 <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority.					
UNSECURED PRIORITY CLAIM <input checked="" type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: _____ <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5)					
SECURED CLAIM <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: _____ <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____					
5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ <u>282,750</u> (unsecured) \$ _____ (secured) \$ <u>282,750</u> (priority) \$ <u>282,750</u> (Total)					
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.					
7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.					
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.					
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245 0911					THIS SPACE FOR COURT USE ONLY Filed Date 9/25/2006
DATE <u>9-21-06</u>		SIGN and print the name and title of the creditor or other person authorized to file this claim (attach copy of power of attorney if any). <u>Douglas H. Eaton President</u>			

Site	Paid Date	Serial	Routing	Account	PC	Amount	Sequence #
CIEA-MSP	20060413	21747	32127074	0834610149	000060	282 750 00	734758096

USA COMMERCIAL MORTGAGE COMPANY 4484 S PECOS RD LAS VEGAS NV 89121 (702) 734 2400		WELLS FARGO BANK N.A. LAS VEGAS NV 89121 94-7074-3212		21747	
REFER TO MAKER		DATE	4/2/2006	AMOUNT	\$282 750 00
PAY Two Hundred Eighty Two Thousand Seven Hundred Fifty Dollars And 00 Cents					
NOTICE IN LIEU OF RETURN					
TO THE ORDER OF	Developers Capital Funding Corp 4500 S Lakeshore Dr Ste #322 Tempe AZ 85282				
<i>Lannille</i>					
⑈021747⑈ ⑈321270742⑈0834610149⑈					⑈0028275000⑈



BANK OF AMERICA N A
 ARIZONA RETURN I 3
 P O BOX 2518
 HOUSTON, TX 77252-2518

Page 1 of 1 H
 Bank 00333
 Center 0002631
 Divider 1 1019
 Code 3

Deposit Account 465-878-7470
 Charge Account 465-878-7470
 Store/Reference 0000000000

DEVELOPERS CAPITAL FUNDING, CORP
 4500 S LAKESHORE DR STE 322
 TEMPE AZ 85282-7190

Date of Notice 04-17-2006

Dear Valued Customer

The item(s) below, which were deposited to your account, have been returned unpaid. Therefore, we have charged them to your account. Please adjust your records by subtracting the total shown below.

If you have any questions or need additional information, please contact one of our Customer Service representatives at 1-800-432-1000. Thank you for choosing Bank of America.

Number of Returned Items	1
Amount of Returned Item(s)	282,750 00
Return Items Fee	5 00
Total	282,755 00

SEQUENCE/ DEP DATE	ABA NUMBER/ DEP AMOUNT	MAKER NAME/ CHECK DATE	RETURN REASON/ I D	AMOUNT
0020030438 04122006	3212-7074 282,750 00		REFER TO MAKER	282,750 00

LIVE ECF - Filing Of Claim

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U.S. Bankruptcy Court

District of Nevada

Notice of Electronic Claims Filing

The following transaction was received from BMC GROUP, INC , on [REDACTED] 11 30 AM PDT

Case Name: [REDACTED]
Case Number: 0 [REDACTED]
Creditor Name: DEVELOPERS CAPITAL FUNDING CORP
4500 S LAKESHORE DR STE 322
TEMPE AZ 85282
Claim Number: [REDACTED] Claims Register
Total Amount Claimed: \$282750 00

The following document(s) are associated with this transaction

Document description:Main Document

Original filename:10725_DevelopersCapitalFundingCorp pdf

Electronic document Stamp.

[STAMP bkecfStamp_ID=989277954 [Date=10/2/2006] [FileNumber=7357078-0]
[9f20c89f08e23f6bdafd4c3aa4fd0d0aef12bcdfe412a7a172eb5a4785333eee8cd0
4f82118ff1cac7c976bd12e07d2304ddb0ff20904b908179b03b6606582c]]

06-10725-lbr Notice will be electronically mailed to

FRANKLIN C ADAMS franklin adams@bbklaw com, arthur johnston@bbklaw com

NANCY L ALLF nallf@parsonsbehle com,
klawrence@parsonsbehle com,thomas@parsonsbehle com,ecf@parsonsbehle com

OGONNA M ATAMOH oatamoh@nevadafirm com,
bkecf@nevadafirm com,paltstatt@nevadafirm com,sliberio@nevadafirm com

BMC GROUP, INC evrato@bmcgroup com,
ecf@bmcgroup com,jmiller@bmcgroup com,jbartlett@bmcgroup com

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